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Illinois Arts Council
An Agency of the State of Illinois
111 North Wabash Avenue
Chicago, Illinois 60602
(312) 793-6750

After March 15, 1985
State of Illinois Center
100 West Randolph, Suite 10-500
Chicago, IL 60601
(312) 917-6750

DEADLINE: April 15, 1985

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Illinois Arts Council
Literary Awards

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Literary Awards are given each year by the Illinois Arts Council for the publication of new writing by Illinois writers in Illinois non-profit magazines. The awards recognize the creative excellence of Illinois writers and help promote greater awareness of non-commercial publishing in the state. Companion awards of \$500 each are given to 17 writers and to the magazines that published their work.

Eligibility

1. Nominations for awards will be accepted from editors of magazines for works published during the period of Jan. 1, 1984 - April 15, 1985.
2. The magazines must be non-profit literary publications which are not primarily vehicles for the publication of a school's faculty and students.
3. Magazines must be published in Illinois.
4. Writers nominated must be Illinois residents at the date of application, April 15, or writers who are legally Illinois residents, but who are traveling out-of-state, e.g. teachers on leave-of-absence.
5. Only works of fiction, poetry, and essay, never previously published, will be considered.
6. Editors may not submit their own work from their own magazine.

How to Apply

1. Complete the Literary Awards Application and send four signed copies along with required attachments to the IAC's Grants Office. If four copies of the application and four copies of the required attachments are not sent, the application will be considered ineligible.
2. Editors may submit up to seven entries in each of three categories: poetry, fiction, and essay. (Maximum number of entries would equal 21.)

Deadline

The annual deadline for Literary Awards is April 15. Application materials must be delivered to the IAC office or be postmarked on or before the deadline date. If April 15 occurs on a weekend or a legal holiday, the next weekday automatically becomes the deadline date.

Required Attachments

1. Editors must send four copies of each issue containing works to be considered to the IAC along with the completed application form. Paper markers should be inserted in each issue where the nominated works appear. The magazines will not be returned.
2. List of writers nominated including name, address, zip, and phone number with area code.

Please attach four copies of required support materials to your application. No changes or additions to support material will be accepted.

Review

A panel of three jurors will select the awards recipients based on the quality of the writing.

Notification

Editors will receive a card from the IAC's Grants Office to acknowledge receipt of the application. Allow two weeks after the deadline for the return of the acknowledgement card. Announcement of grantees and jurors will be released in June. Each applicant will be notified in writing of the jurors' decision.

It is illegal for the Illinois Arts Council or anyone receiving assistance from the Illinois Arts Council to discriminate on the basis of race, color, religion, national origin, sex, or handicap. Any individual who has been subjected to such discrimination may file a complaint. Call the Illinois Arts Council at 312/793-6750 and the Illinois Department of Human Rights at 312/793-6200.

"Freedom of expression is paramount not only to a free society, but to the creation of art. The IAC bases its funding on the artistic quality of submitted projects. Panelists, council members, and the staff of the IAC will not discriminate on the basis of age, handicap, color, creed, national origin, religion, race, sex, or sexual preference."

Literary Awards Application

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Application # _____
(IAC will assign #)

Send four copies of this application and four copies of each issue containing new writing nominated for award.

TYPE OR PRINT IN BLACK INK

1 MAGAZINE

Name _____

Address _____

City _____

Zip _____

() _____

Phone _____

2 EDITOR

Name _____

() _____

Daytime Phone _____

3 LEGISLATIVE DISTRICTS:

Based on the address above enter ONE district number for each of the following governmental branches. If you do not know your legislative districts, contact your County Board of Elections or the League of Women Voters.

Illinois County of Applicant _____

Illinois House # _____ Illinois Senate # _____ U.S. Congressional District # _____

DO NOT LEAVE THIS SECTION BLANK

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DESCRIPTIVE INFORMATION ON THE MAGAZINE

- a. Do you have editorial board members? Yes_____ No_____
If so, how many? _____
- b. How many issues are published each year? _____
- c. How many issues were published the last full calendar year? _____
- d. What is the average circulation per issue? _____
- e. What is the print run per issue? _____
- f. How many subscribers does the magazine have? _____
- g. Describe the type of circulation (local, state, or national; libraries, bookstores, etc.).

h. How is the magazine distributed?

i. What is the magazine's editorial policy? (response optional)

Name of WriterTitle of WorkType of Writing
(poetry, prose, essay)Magazine IssuePage Number(s)
of Work

6

ATTACHMENTS:

- a. Four copies of each issue containing nominations with nominated works indicated by paper markers.
- b. List of writers nominated including name, address, zip, and phone number with area code.

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STATEMENT OF ASSURANCES

The applicant hereby agrees that it is a non-profit, literary magazine published in the State of Illinois; that the writers whose works are nominated were legal residents of the State of Illinois at the date of publication; and that their works were never previously published. It further agrees that nominations have been made without discrimination on the basis of race, color, religion, national origin, sex, or handicap. This assurance is binding on the applicant, its successors, transferees, and assignees. The person whose signature appears below is authorized to sign this assurance on behalf of the applicant.

CERTIFICATION:

I hereby certify that the information contained in this application is complete and correct to the best of my knowledge.

Signature of Editor

Date

This agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Chapter 127,214.14.4. Disclosure of this information is VOLUNTARY; however, failure to comply may result in this form's not being processed. This form has been approved by the State Forms Management Center.



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